



OFFICE OF ADMINISTRATIVE HEARINGS

State of California
Department of General Services

SERVICE AGENCY MEDIATION RESPONSE FORM

OAH-26 (07/05)

TDD/TTY 800-735-2929

DATE:

TO: DDS Calendar Clerk
Office of Administrative Hearings
560 J Street, Suite 300
Sacramento, CA 95814
Fax: (916) 341-6990
Phone: (916) 323-0622

FROM:

MEDIATION REQUEST BY:

Client(s) Name: _____

OAH Case No.: _____

This service agency:

- ☐ Accepts
- ☐ Does Not Accept

the voluntary mediation requested by this client.

Please note the following:

- ☐ Service Agency's availability for mediation:

- ☐ Additional Information:

